

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☒ This is an **initial*** Statement of Organization
☐ This is an **amended*** Statement of Organization

*An initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

Reset Form

FORM
DR-1
(Rev.
07/2003)

STATEMENT
OF
ORGANIZATION

For Office Use Only

Comm. # _____
 Indexed _____
 Audited _____
 Computer _____

COMMITTEE NAME ↓ ↓

Dierenfeld for Johnston

SEP 19 2003

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

COMMITTEE TREASURER (mandatory for all committees)

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓ ↓

VERNON R ELLINGSON

Mailing Address ↓ ↓

6129 BRANDY WINE

City, State ↓ ↓ Zip Code ↓ ↓

Johnston Iowa 50131

Phone (515) 278-8330

e-Mail VE32RN@AOL.com

Name ↓ ↓

Mailing Address ↓ ↓

City, State ↓ ↓ Zip Code ↓ ↓

Phone ()

e-Mail

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)
 Comment or description:

All Candidates Enter:

Office Sought: Johnston City Council

District: _____

Political Party (if applicable): _____

Year Standing for Election: 2003

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: Polk

Date of Election: November 4

Bank Account Name ↓ ↓

Dierenfeld for Johnston

Name of Financial Institution/type of Account ↓ ↓

Charter Bank checking

Mailing Address ↓ ↓

5526 NW 86th Street

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Johnston Ia 50131

Candidate name & Address or Parent Entity (PACs, if applicable),
 Affiliate, or Sponsor

Paula S. Dierenfeld

Mailing Address ↓ ↓

8151 Wellington Blvd.

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Johnston Ia 50131

Phone (515) 252-8888

e-Mail pauladierenfeld@mchsi.com

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
2. That Iowa Code section 68A.6 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
3. That Iowa Code section 68A.14 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
4. That Iowa Code section 68A.15 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
5. A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.40 through 68A.42 and rule 351—4.25.
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

Vernon R. Ellingson

Signature of Treasurer

Paula S. Dierenfeld

Signature of Candidate, OR, for all other committees, Chairperson

9/2/03

Date Signed

9/2/03

Date Signed

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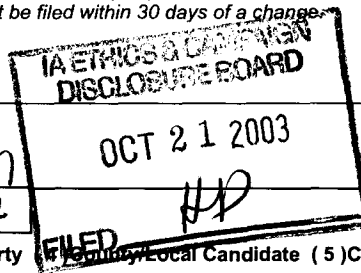
COMMITTEE NAME

Dierenfeld for Johnston

4

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party Committee (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

**COMMITTEE TREASURER** (mandatory for all committees)**COMMITTEE CHAIR** (mandatory except for a candidate's committee)

Name ↓ ↓ Marcia J. Spangler
Mailing Address ↓ ↓ 6020 Weybridge
City, State ↓ ↓ Zip Code ↓ ↓ Johnston IA 50131
Phone (515) 270-0368
e-Mail spanglerwhite@mchsi.com

Name ↓ ↓ David H. White
Mailing Address ↓ ↓ 6020 Weybridge
City, State ↓ ↓ Zip Code ↓ ↓ Johnston IA 50131
Phone (515) 270-0368
e-Mail spanglerwhite@mchsi.com

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Comment or description:

All Candidates Enter:
Office Sought: Johnston City Council

District: _____

Political Party (if applicable) _____

Year Standing for Election: 2003

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: Polk

Date of Election: November 4

Bank Account Name

Dierenfeld for Johnston
Name of Financial Institution/type of Account ↓ ↓ Charter Bank Checking
Mailing Address ↓ ↓ 5526 NW 86th Street
City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Johnston IA 50131

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Paula S. Dierenfeld
Mailing Address ↓ ↓ 8151 Wellington Blvd.
City ↓ ↓ State ↓ ↓ Zip ↓ ↓ Johnston IA 50131
Phone (515) 252-8888
e-Mail pauladierenfeld@mchsi.com

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Marcia J. Spangler
Signature of Treasurer

Signature of Candidate, OR, for all other committees, Chairperson

10-15-03
Date Signed

10-20-03
Date Signed

